

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Angels from Heaven, Inc.	CHAPTER 89
Address: 94-357 Kahuapaa Place, Waipahu, Hawaii 96797	Inspection Date: December 6, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-2 <u>Definitions.</u> As used in this chapter, unless a different meaning clearly appears in the context:</p> <p>"Licensed capacity" means the number of residents and specific restrictions, if any, stated on the license which limits the type of residents permitted by the director in a particular facility.</p> <p><u>FINDINGS</u> There were two (2) residents residing in the home. The current licensed capacity is one (1).</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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<input checked="" type="checkbox"/>	<p>§11-89-2 <u>Definitions.</u> As used in this chapter, unless a different meaning clearly appears in the context:</p> <p>"Licensed capacity" means the number of residents and specific restrictions, if any, stated on the license which limits the type of residents permitted by the director in a particular facility.</p> <p><u>FINDINGS</u> There were two (2) residents residing in the home. The current licensed capacity is one (1).</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p>	

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<input checked="" type="checkbox"/>	<p>§11-89-8 <u>Provision for services and review.</u> (d) All certified caregivers shall upgrade their skills by taking a minimum of eight hours, per year, of workshop or inservice programs approved by the division as a part of the requirement for the annual recertification.</p> <p><u>FINDINGS</u> Caregiver #1 and #2 – No documentation confirming that in-service training was completed.</p> <p>Please submit evidence of eight (8) hours of continuing education units with your plan of correction. These hours will not count towards your 2020 annual inspection.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a)(1) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If an initial tuberculin skin test is negative, a second tuberculin skin test shall be done after one week, but no later than three weeks after the first test. The results of the second test shall be considered the baseline test and shall be used to determine appropriate treatment follow-up. If the second test is negative, it shall be repeated once yearly thereafter unless it becomes positive.</p> <p><u>FINDINGS</u> Caregiver #1 – No documentation of initial 2-step tuberculosis clearance.</p> <p>Please submit evidence of current tuberculosis clearance.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> One jalousie from the window by the front door was missing.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u> Resident #2 – Progress notes do not include notation of all visits to physician follow up visits.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u> Resident #2 – Progress notes do not include notation of resident’s progress towards goals notated in ISP, such as daily 30-minute exercise and participation in laundry three (3) times per week.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(5) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Physician's signed orders for diet, medications, special appliances, adaptive equipment, and treatments;</p> <p><u>FINDINGS</u> Resident #2 – Monthly height and weight not recorded for the month of October 2019.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(5) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Physician's signed orders for diet, medications, special appliances, adaptive equipment, and treatments;</p> <p><u>FINDINGS</u> Resident #2 – Monthly height and weight not recorded for the month of October 2019.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (e)(5) General rules regarding records:</p> <p>All records shall be complete and current and readily available for review by the department or any responsible placement agency.</p> <p><u>FINDINGS</u> Resident #2 – “Schedule of Activities” was outdated. Schedule still includes day program from 8am to 3pm. Resident no longer attend day program.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-20 <u>Resident accounts.</u> (d) A current inventory of residents' possessions shall be maintained.</p> <p><u>FINDINGS</u> Resident #1 – Resident inventory form was photocopy of 2017 form in black ink. The year was altered from 2017 to 2019 with a blue ink.</p>	<p>PART 1</p> <p>DID YOU CORRECT THE DEFICIENCY?</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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<input checked="" type="checkbox"/>	<p>§11-89-20 <u>Resident accounts.</u> (d) A current inventory of residents' possessions shall be maintained.</p> <p><u>FINDINGS</u> Resident #1 – Resident inventory form was photocopy of 2017 form in black ink. The year was altered from 2017 to 2019 with a blue ink.</p>	<p>PART 2</p> <p>FUTURE PLAN</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p>	

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____